

Kansas Medical Assistance Program Prior Authorization Request Form for Non-Preferred Drugs

If you would like to prescribe a Preferred Drug, Please do so in the space provided and FAX form back to the dispensing pharmacy.

Otherwise, continue with the Prior Authorization process by completing the rest of this form & FAX completed form to the Prior Authorization Unit @ 1-800-913-2229 (274-5956 Topeka)

Rx

Physician signature

Date

INSULIN (Delivery Systems)

Preferred Drug Covered

All Multi-dose vials	Humalog [®]	Humalog Mix [®]
	NovoLog [®]	NovoLog Mix [®]
	Novolin R [®]	Novolin N [®]
	Humulin R [®]	Humulin N [®]
	Humulin 70/30 [®]	Novolin 70/30 [®]
	Velosulin BR [®]	

Non-preferred Prior Authorization Required

Cartridges,	Humalog [®]	Humalog Mix [®]
Syringes, Pens	NovoLog [®]	NovoLog Mix [®]
and any other	Novolin R [®]	Novolin N [®]
alternative	Humulin R [®]	Humulin N [®]
delivery device	Humulin 70/30 [®]	Novolin 70/30 [®]
	Velosulin BR [®]	

**** Indicates REQUIRED information**

****CONSUMER NAME:** _____

****Medicaid Number:** _____

****PHARMACY NAME:** _____

****Medicaid Number:** _____

****Phone Number:** _____ ****Fax Number:** _____ ****NDC:** _____

****PRESCRIBING PHYSICIAN NAME:** _____ ****Medicaid Number:** _____

****Phone Number:** _____ ****Fax Number:** _____

**** Necessity of alternative delivery system. Please specify:** _____

****Prescribing Physician's signature:** _____ **Date:** _____

If the pharmacy provider has started a Prior Authorization request and this information is not received within 15 working days, the PA request will be denied. **For questions related to Prior Authorization, contact 800-285-4978, option #3 or 274-5499, in Topeka.** General support is provided at 800-933-6593.

Revised 03/19/06